	STATE WELL REPORT	······
ounty: Tackson	Part 1	For Office Use Only:
	Driller's Log	Well #: <u>F499</u>
ermit &:	Mississippi Department of Environmental Qual Office of Land and Water Resources	lity Aquifer:
	P.O. Box 2309	E-Log #:
ate drilling completed: 7-30-15	Jackson, MS 39225-2309 (601)961-5210	
	(601)360-0535 (fax)	
State Law requires that this report	t be prepared by the license holder responsible	for the work and filed with the
Department at the above address Well Owner Information	within 30 days of completion of drilling of the v	Borehole Location
(Landowner if borehole is not fo	r a water well) Latitude 20°35'17.7	Longitude: 088 38'34.66"
owner Name: Lamey Homes		
Mailing Address:RIVER DIQU	Method of Lat/Long (check	k one): Conventional Survey,
uannik waaress - talk - tak	USGS quad, Hand-he	eld GPS, Survey-grade GPS
Vanalogue Ma 20	15105 NW 1/ NE 14,	Sec_25_T_55_R_7 ω of <u>Vancheaves</u> (Nearest Town)
Vancleave, M.S. 34 City State	Zip Code 43/4 Hiles NE	of Vancheaves
Telephone No. (228) <u>\$60-05</u>	576 (Distance) (Direction	on) (Nearest Town)
	Well / Borehole Data	AINET 21
Date drilling started: 7-30-15Dat	e drilling completed: $7-30-15$ Hole depth: $\frac{1}{2}$	ALUF Hole diameter:
Location of the source of any surface	water used for drilling: <u>N/A</u>	
Nothod of dosing and volume of Chio	rine used in drilling and development: 1 gal fl	r 1000 Drilling agal well
Less sur (sissie all applicable) No log	nin Electric Gamma Ray Density Sonic	Neutron Other:
Logs run (circle all applicable) No log	run Electric Gamma Ray Density Sonic M	leutron Other:
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County:	Jac	kaon

Permit #: _____

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Fe	or Qi	fice Us	e Only:	
Well #:	F	490	1	
	r			

The sketch below only required for water wells

Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulations

If well telescopes, show depths on sketch.

Ground Level		Clay Carse.c	sand	Ground level	20 70 185 210
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		uy		70	185
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more than one screen, show location of each on sketch		·····			
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BIU.	Rive	r Ance	···		
CONNORS BU.			r)	1. 	
		buse well	8	AUG 1	e zens
ndowner Name: Lamey Homes, LLC.			ucenta		·
			14		
IEREBY CERTIFY that the well/borehole was drilled, co quirements of the Mississippi Department of Environme applicable, and state laws.	nstructed, an Intal Quality	nd completed in a and the Mississip	Iccordance pi Departm	with all appli ent of Health	

Permit #:		STATE WELL REPORT	
Market Well (Content of Environmental Quality Date completed: 1.30.15 Mississippi Department of Environmental Quality Office of Land and Water Resources P.O. Box 2309 Well r: 1.77.1 Cover information from block on Part 1 Well rescale of Land and Water Resources P.O. Box 2309 Aquifer: Cover information from block on Part 1 Office of Land and Water Resources P.O. Box 2309 Aquifer: Date completed: J. 30.15 Cover information (601)360-15210 Aquifer: Difference of Land and Water Resources P.O. Box 2309 Well Locality And State Aquifer: Difference of Land and the box part filed with the Department of the above address within 30 days of year 10 completion. Well Locality And State Well Cocality A.D. S. 2415(25) Lic Latitude: 20.351 (1.7) Well Locality And State VAILCPAVE + MDS 2415(25) State Zip Code M.Y. M. M.S. M.S. Scz. S. R. Zu- 444 Miles M.S. Scz. S. R. Zu- 444 Miles VAILCPAVE + MDS 2415(25) State Zip Code M.Y. M. M.S. M.S. Scz. S. R. Zu- 444 Miles M.S. Scz. S. R. Zu- 444 Miles State Zip Code State Zip Code M.Y. M. M.S. M.S. Scz. S. R. Zu- 444 Miles M.S. Scz. S. R. Zu	county: Jackson	Part 2	For Office Use Only:
Dritter (DEF VIEKT WEAKSUC-) Date completed: 1:-30:-15: P.O. Box 2309 Jackson, MS 39225-2309 (6011961-5210 (6011961-5210 (6011961-5210 (6011961-5210 (6011961-5210 (6011961-5210 (6011961-5210 (6011961-5210 (6011961-5210 (6011961-5210 (6011961-5210 (6011961-5210 (6011961-5210 (6011961-5210 Well Owner Information Well Owner Information Well Owner Information VANCE OWE	Permit #:		
Date Completent:	Driller OOST WILLEI WCIISVC	Office of Land and Water Resources	······································
(001)961-5210 (001)961-5210 (001)961-5210 (001)961-5210 (001)961-5210 (001)961-5210 (001)961-5210 (001)961-5210 (001)961-5210 (001)961-5210 Well covers how the ecompleted by a licensed water with the Department or the above address within 30 days of well completion. Well covers how the matched and both parts filed with the Department or the above address within 30 days of well completion. Well covers how the matched and both parts filed with the Department or the above address within 30 days of well completion. Well covers how the matched and both parts filed with the Department or the above address within 30 days of well completion. Well covers how the discovers file with the Department or the above address within 30 days of well completion. Well covers how the discovers file with the Department or the above address within 30 days of well completion. Well covers how the discovers file with the Department or the above address within 30 days of well completion. Well covers file with the Department of the Department of the above address within 30 days of well completion. Well cover the total for flowing Well (Department or total file with the Department or to	Date completed: <u>7-30-15</u>		Aquifer:
This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both perts filed with the Department at the above address within 30 days of well completion. Well Overen furthermation Dwner Name: INNEY HOMES, LLC	Copy information from block on Part 1		
of the report must be attacked and both parts [Ided with the Department at the abore address within 39 days of well completion. Well Owner Information Well Owner Information Well Owner Name:		(601) 360-0535 (fax)	
Weil Owner Information Weil Cocation Downer Name:	This part of the report must be completed of the report must be attached and both n	t by a licensed water well contractor or a licensed parts filed with the Department at the above addre	pump installer. A copy of Part 1 ss within 30 days of well completion.
Mailing Address: RivErtplace DRIVE Wanderss: RivErtplace DRIVE Wanderss: RivErtplace DRIVE Wanderss: State ZIP Code State ZIP Code State ZIP Code Wanderss: Wanderss: State ZIP Code Wanderss: Wanderss: State ZIP Code Wanderss: Wanderss: State State ZIP Code Wanderss: Method of Lat/Long (check one): Construction Wanderss: State ZIP Code Pump Test Conce (Direction) State Pump Installed: State State Pump Installed: State Pump Test Data for Non Flowing Weil (Meter States): Static Water Level (A): ID Per Below Land Surface Pumping Rate: Z Static Water Level (A): ID Feet Below Land Surface Pumping Rate: Z Date Weil Tested: Gallons Per Minute Static Water Level (A): ID Feet Below Land Surface Test Pumping Rate: Z		. We	It location
VUNCEAVE Ms. 24565 City State Zip Code State Zip Code Ms. N.E. vs. Sec. Zip. T. 5.5 R. Zuc. Filephone No. (208) BLO. 05716 Winters NE Of	Owner Name: LAMEY HOMES,	LLC Latitude: 30:35 17.71	Longitude: 088° 38' 36.66"
VUNCEAVE Ms. 24565 City State Zip Code State Zip Code Ms. N.E. vs. Sec. Zip. T. 5.5 R. Zuc. Filephone No. (208) BLO. 05716 Winters NE Of	Mailing Address: Riverplace T	Method of Lat/Long (check	one): Conventional Survey
VUNCKAVE MS 34565 City State Zip Code With Niles NE NE Pump Type (circle one) Nearest Town) Submersible Turbine Air Lift Centrifugal Flowing Well (eff) fistance) (Distance) Date Pump Installed: State State 7 Submersible Turbine Air Lift Centrifugal Flowing Well (eff) fiston Rotary Other (describe):			
City State Zip Code HHH_Miles NE NE Varchesc Felephone No. (ABS 81c0-05714 (Nearest Town) Pump Type (circle one) (Nearest Town) Submersible Turbine Air Lift Centrifugal Flowing Well (Aet Piston Rotary Other (describe):	Vancleave me 29		
Felephone No. (QCQ) (DC) (D) (Distance) (Direction) (Nearest Town) Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well (Let Piston Rotary Other (describe):	City State		
Pump Type (circle one) Submersible Turbine Air Lift Centrifugal Flowing Well Let Piston Rotary Other (describe):	Telephone No. 128 860-05	76 <u>777</u> Miles <u>786</u> (Distance) (Direction	of(Nearest Town)
Submersible Turbine Air Lift Centrifugal Flowing Well Left Fiston Rotary Other (describe):			· · · · · · · · · · · · · · · · · · ·
Date Pump Installed: 8-6-15 Rated Pump Capacity: 7 Gallons Per Minute is This Pump (c/rcle one): New Repaired Replacement Power Type (c/rcle one)		A	
Inis Pump (clrcle one): New Repaired Replacement Power Type (clrcle one)	01.0		
Power Type (circle one) Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe):	Date Pump Installed: X-U-L2	Rated Pump Capacity:	Gallons Per Minute
Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): Horse Power Rating of Motor: <u>A</u> <u>A</u> <u>A</u> <u>A</u> Pump Test Data for Non Flowing Well Duration of Pump Test (minimum 4, hours): <u>A</u> hours Static Water Level (A): <u>LD</u> Feet Below Land Surface Pumping Water Level (B): <u>M</u> <u>M</u> Drawdown [(B) - (A)]: <u>M</u> Feet Below Land Surface Test Pumping Rate: <u>7</u> Gallons Per Minute Method of measurement (<i>clrcle one</i>): Steel tape Electric tape Air line Other (describe):	Is This Pump (circle one): New Rep		
Horse Power Rating of Motor: 2 HP Setting Depth: 120FF feet Number of Stages: 3 Pump Test Data for Non Flowing Well Date Well Tested: 8 - 10 - 15 Date Meet Well Tested: 8 - 10 - 15 Date Below Land Surface Pumping Water Level (B): MA Feet Below Land Surface Drawdown [(B) - (A)]: MA Feet Below Land Surface Test Pumping Rate: 7 Gallons Per Minute Method of measurement (clrcle one): Steel tape Electric tape Air line Other (describe): Pump Test Data for Flowing Well Measured shut in head:feet. MA Feet Manufacturer:			
Pump Test Data for Non Flowing Well Date Well Tested: 8-6-15 Duration of Pump Test (minimum 4 hours): 4 hours Static Water Level (A): 10 Feet Below Land Surface Pumping Water Level (B): NA Feet Below Land Surface Drawdown [(B) - (A)]:			
Date Well Tested: 8-6-15 Duration of Pump Test (minimum 4 hours): 4 hours Static Water Level (A): 10 Feet Below Land Surface Pumping Water Level (B): 14 Feet Below Land Surface Drawdown [(B) - (A)]: 10 Feet Below Land Surface Test Pumping Rate: 7 Gallons Per Minute Method of measurement (clrcle one): Steel tape Electric tape Air line Other (describe): Pump Test Data for Flowing Well Pump Test Data for Flowing Well Meter (describe): Pump Test Data for Flowing Well Measured shut in head:feet. Meter Installation Meter Serial Number:	Horse Power Rating of Motor: 11	Setting Depth: 100+7feet Num	ber of Stages:
Date Well Tested: 8-6-15 Duration of Pump Test (minimum 4 hours): 4 hours Static Water Level (A): 10 Feet Below Land Surface Pumping Water Level (B): 14 Feet Below Land Surface Drawdown [(B) - (A)]: 10 Feet Below Land Surface Test Pumping Rate: 7 Gallons Per Minute Method of measurement (clrcle one): Steel tape Electric tape Air line Other (describe): Pump Test Data for Flowing Well Pump Test Data for Flowing Well Meter (describe): Pump Test Data for Flowing Well Measured shut in head:feet. Meter Installation Meter Serial Number:		Pump Test Data for Non Flowing Well	
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Method of measurement (circle one): Steel tape Electric tape Air line Other (describe):	()		
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Measured shut in head: feet.	Method of measurement (circle one): Ste		e):
Well yieldedGPM with a drawdown offeet afterhours of pumping Meter Installation Meter Manufacturer:		Pump Test Data for Flowing Well	
Meter Installation Meter Manufacturer: Meter Model Number/Name: Meter Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc.): Installation Date: Meter Installed by: Installation Date: Meter Installed by: Is This Meter (circle one): New Repaired Replacement Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website. I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Meter Model Mathematical and License No. (if applicable) Date Signature of Pump Installer			
Meter Manufacturer:	Measured shut in head:feet.	NIF	
Meter Manufacturer:			hours of pumping
Meter Model Number/Name:		Irawdown of feet_after	hours of pumping
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): Installation Date:	Well yielded GPM with a d	Irawdown of feet_after	
Installation Date: Meter installed by: Is This Meter (circle one): New Repaired Replacement Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website. I HEREBY CERTIFY that the above statements are true to the best of my knowledge. I HEREBY CERTIFY that the above statements are true to the best of my knowledge. Meter installer and License No. (if applicable) Date Signature of Pump Installer	Well yieldedGPM with a di	Meter Installation	
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For agricultural wells, a list of approved meters is on the MDEQ website. I HEREBY CERTIFY that the above statements are true to the best of my knowledge. March Hardell 9472 Solution 86615 Print Name of Pump Installer and License No. (If applicable) Date	Well yielded GPM with a di Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Fa	Meter Installation Meter Installation Meter Serial Number Type of Meter: Actor (AF x .001, gal x 1000, etc):	
I HEREBY CERTIFY that the above statements are true to the best of my knowledge. DCK Maddell 0-472 8/6/15 Maddell 1000000000000000000000000000000000000	Well yieldedGPM with a di Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Fa Installation Date:	Arawdown of	
Print Name of Pump Installer and License No. (<i>if applicable</i>) Date Signature of Pump Installer	Well yielded GPM with a di Meter Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Fa Installation Date: Is This Meter (circle one): New Reg Important: By submitting the above initiality	Irawdown of	nstalled to manufacturer standards.
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	Vell yielded GPM with a diverse Manufacturer: Meter Model Number/Name: Totalizer Register Unit and Multiplier Fa Installation Date: I s This Meter (circle one): New Rep Important: By submitting the above inj For agricultur HEREBY CERTIFY that the above states	Irawdown of	nstalled to manufacturer standards. Q website.